

DAMAGE CLAIMS
ALLEGEDLY CAUSED by PESTICIDES

Today's Date: _____

CLAIMANT:

Name: First _____ Middle Initial _____ Last _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: Home: _____ Work: _____ Cellular: _____

APPLICATOR:

Name: First _____ Middle Initial _____ Last _____
Company Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: Home: _____ Work: _____ Cellular: _____

Landowner for whom pesticide was applied:

Name: First _____ Middle Initial _____ Last _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: Home: _____ Work: _____ Cellular: _____

Brief description of the complaint:

Date of Incident: _____ Date damage noticed: _____
Alleged Pesticide(s) applied: _____

Location of Incident: _____

Property damaged: _____

Complaint: _____

Mail to:
Idaho State Department of Agriculture
P.O. Box 790
Boise, Idaho 83701